

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-038929

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

38

Primary Registration District No.

3006

Registrar's No.

725

FILED OCT 24 1963

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY	Boone	a. STATE	Missouri
b. CITY (If outside corporate limits, give TOWNSHIP only)	Columbia	b. COUNTY	Boone
OR TOWN	Columbia	c. CITY OR TOWN	Columbia
c. FULL NAME OF (If NOT in hospital, give location)	Univer. of Mo. Med Center	d. STREET ADDRESS	211 Prov. Wky.
HOSPITAL OR INSTITUTION	Univer. of Mo. Med Center	(If outside, give location)	
Inside Limits	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Reside on Farm	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
Baby Bay Payne		10 19 1963	
5. SEX	Male	6. COLOR OR RACE	Negro
7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH	10-19-1963
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	None	11. BIRTHPLACE (City and state or country)	Columbia, Mo.
10b. KIND OF BUSINESS OR INDUSTRY	None	12. CITIZEN OF WHAT COUNTRY	U.S.A.
13a. FATHER'S NAME	James Payne	13b. MOTHER'S MAIDEN NAME	Frances Allen
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	No	16. SOCIAL SECURITY NO.	
18. CAUSE OF DEATH (Enter only one cause per line)	Medical Records U.M.M.C.		
PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH		
IMMEDIATE CAUSE (a)	Cardiorespiratory arrest		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Hypoxia		
	DUE TO (c) Cord wrapped around neck		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days.	
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY	Hour a.m. p.m.	Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	
		COUNTY	
		STATE	
21. I attended the deceased from 11:45 am 10-19-63 to 12:50 pm 10-19 and last saw her alive on 10-19-63			
Death occurred at 12:50 pm on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE		22b. ADDRESS	
Herbert M. Kuhin M.D.		UMMC.	
22c. DATE SIGNED		10-19-63	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
Burial	10-22-63	Calvary Cem	Columbia, Mo
24. FUNERAL DIRECTOR	25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE
George J. H. Green, Jr.	Oct 21, 1963		Mrs R.E. Palmer

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300  
Rev. 4/59  
10109  
20109  
3  
4 2  
5 0  
6  
7 0  
8 2  
9761.0  
10  
11  
12 2.0  
13 30

8010  
8010  
8  
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0  
8

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Joseph H. Guss

Licensed Embalmer No. 43228

P. O. Address Autler, Pa.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.